ā	ARIZONA STATE BOARD OF HEALTH State File No
	1. PLACE OF BIRTH STANDARD CERTIFICATE OF BIRTH STANDARD CERTIFICATE OF BIRTH
	Hila State arizona
	County Wound Iris
	District or Township
	City No
	(1) 1 man of the (1) 1 man (1) supplemental report, as directed.
	2. Full name of child V (VIOIVOID) 3. Sex of Child To be answered ONLY) 4. Twin, triplet or other
	in event of plural { We is order of birth Ulo of birth Day Year
	MOTAER 14.
	Full maiden name 11 1 0 AT a Manager 1
	Full name albert Falls Unson White Fully Works
nted	9. Residence (Usual place of abode) 15. Residence (Usual place of abode)
T. E.	If non-resident, give place and state.
11.5	10 Color or race
~	11. Age at last birthdex (Years) 17. Age at last birthday (Years)
1000	Durango 18. Birthplace (city or place) Silver City
=	12. Birthplace (city or place) Durando, 18. Birthplace (city or place) Muly (State or country) New Mey.
den	(State or country) 19. Occupation
ĺ	13. Occupation Nature of Industry
	Nature of Industry & lo chrician. Stousewife
	20. Number of children of this mother
	(Taken as of time of birth of child herein /) (c) Stillborn
	I hereby certify that I attended the birth of this child, who was (Born slive or still orn) M 10.
İ	When there was no attending physician or midwife, then the father, householder, or midwife, then the father, householder, Signature Oyull 11: Solution
ij	etc., should make this return. A still of the should be
	shild is one that reference of life after birth. Given name added from a supplement report
	a supplement! report Month, day, year Filed time 151930 Registrar.
	Registrar. Registrar.
	275-606-172
	2/5-600110

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